## UTILITY PATENT APPLICATION TRANSMITTAL For new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 249034US6

APPARATUS AND METHOD FOR PROCESSING IMAGES, RECORDING MEDICAL AND PROGRAM

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NYING APPLICATION	ON	PARTS	8	
Papers (cover sheet	& d	ocument(s	))	ı
ata Sheet. See 37 (	CFR	1.76		
73(b) Statement assignee)		Power of Attorney		
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Request for Priority				
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	See	APPLICATION ELEMENTS  MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313					
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS					
			<ol><li>Assignment Papers (cover sheet &amp; document(s))</li></ol>					
2.		Specification Total Sheets 39	8. Application Data Sheet. See 37 CFR 1.76					
			9. 37 C.F.R. §3.73(b) Statement Power of Attorney					
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 19	10. ☐ English Translation Document (if applicable)					
	٠.		11. ☐ Information Disclosure ☐ Copies of IDS Citations					
4.		Oath or Declaration Total Pages 4	12.   Preliminary Amendment					
	a.	Newly executed (original)	13. White Advance Serial No. Postcard					
	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)					
•		<ul> <li>DELETION OF INVENTOR(S)         <ul> <li>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>	15.  Applicant claims small entity status.  See 37 CFR 1.27					
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other: Request for Priority					
6.	□ a.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  Computer Readable Form (CRF)						
	b.	Specification or Sequence Listing on :						
	υ.	i.  CD-ROM or CD-R (2 copies); or	* * * * * * * * * * * * * * * * * * *					
		ii. Paper	55 .3					
	C.	☐ Statements verifying identity of above copies	t on.					
17.	lf a	CONTINUING APPLICATION, check appropriate box, and suppl	v the requisite information below:					
		Continuation Divisional Continuation-						
F		application information: Examiner:	Group Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. CORRESPONDENCE ADDRESS								
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Registration Number 21,124

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249034US6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Izumi URANO, et al.

SERIAL NO:

**New Application** 

FILING DATE: Herewith

FOR:

APPARATUS AND METHOD FOR PROCESSING IMAGES, RECORDING MEDIUM, AND

**PROGRAM** 

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED		NUMBER EXTRA		RATE		CALCULATIONS		
TOTAL CLAIMS	6	-	20	=	0	х	\$18	=	\$0.00
INDEPENDENT CLAIMS	4	-	3	=	1	х	\$86	=	\$86.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)					+	\$290	=	\$0.00	
☐ LATE FILING OF DECL	LATE FILING OF DECLARATION				+	\$130	=	\$0.00	
BASIC FEE						\$770.00			
TOTAL OF ABOVE CALCULATIONS						\$856.00			
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY							\$0.00		
☐ FILING IN NON-ENGLISH LANGUAGE				+	\$130	=	\$0.00		
RECORDATION OF ASSIGNMENT				+	\$40	=	\$40.00		
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	Please charge Deposit Account No. 15-0030 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.						
	☐ A check in the amount of to cover the filing fee is enclosed	eck in the amount of to cover the filing fee is enclosed.					
	Credit card payment form is attached to cover the filing fee in the	amount of \$896.00					
	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.						
	Res	pectfully Submitted,					
		LON, SPIVAK, McCLELLAND, IER & NEUSTADT, P.C.					
Dat	Date:	Clm W. Grlland					
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